

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584861

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		1		1		
4		3		1		
5		①		1		
6		1		1		
7		1		1		
8		①		1		
9	1		1			
10		1		1		
11		1		1		
12		3		1		
13		①		1		
14		1		1		
15		1		1		
16		①		1		
17		1		1		
18			1			
19		1		1		
20		1		1		
21	3		1			
22	①		1			
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50						
TOTAL IND.	3		3			
TOTAL DEP.	27	←	21	←	←	←
TOTAL CLAIMS	30		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						